10/659219

|   |  |   |                   |                |                              |                                     |        |                   | Application or Docket Number |                        |          |                               |                        |  |  |
|---|--|---|-------------------|----------------|------------------------------|-------------------------------------|--------|-------------------|------------------------------|------------------------|----------|-------------------------------|------------------------|--|--|
| PATENT APPLICATION FEE DETERMINATION RECORD  Effective January 1, 2003  2001 P 17947W 0 |  |   |                   |                |                              |                                     |        |                   |                              |                        |          |                               | ئ                      |  |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |                   |                |                              |                                     |        | SMALL ENTITY TYPE |                              |                        | OR       | OTHER THAN<br>OR SMALL ENTITY |                        |  |  |
| TOTAL CLAIMS  |  |   | 14                |                |                              |                                     |        | RA                | Έ                            | FEE                    |          | RATE                          | FEE                    |  |  |
| FOR   |  |   | NUMBER FILED      |                | NUMBER EXTRA                 |                                     |        | BASIC             | FEE                          | 375.00                 | OR       | BASIC FEE                     | 750.00                 |  |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | /4 minus 20=      |                | • 10                         |                                     |        | X\$               | 9=                           |                        | OR       | X\$18=                        |                        |  |  |
| INDEPENDENT CLAIMS  |  |   | 3 minus 3 =       |                | *                            |                                     |        | X4:               | <br>2=                       |                        | OR       | X84=                          |                        |  |  |
| MUI   | TIPLE DEPEN                                    | DENT CLAIM PR                               | RESENT            |                |                              |                                     |        | +140=             |                              |                        |          | +280=                         |                        |  |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2                |  |   |                   |                |                              |                                     |        | TO                | _                            |                        | OR       |                               | 150                    |  |  |
| CLAIMS AS AMENDED - PART II   |  |   |                   |                |                              |                                     |        |                   | _                            |                        | UN       | OTHER                         |                        |  |  |
| (Column 1) (Column 2) (Column 3)  |  |   |                   |                |                              |                                     | _      | SM                | ALL                          | ENTITY                 | OR       | SMALLE                        |                        |  |  |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                   | NUM<br>PREVI   | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA                    |        | RA                | ΤE                           | ADDI-<br>TIONAL<br>FEE | - 1      | RATE                          | ADDI-<br>TIONAL<br>FEE |  |  |
|   | Total  | . 19  | Minus             | <del>"</del> 6 | 0                            | = 0                                 |        | X\$               | 9=                           |                        | OR       | X\$18=                        |                        |  |  |
|   | Independent                                    | • 3   | Minus             | ***            | 3                            | =6                                  |        | X4                | 2=                           |                        | OR       | X84=                          |                        |  |  |
| 4   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIR |   |                   |                | T CLAIM                      |                                     | 1      | +14               | Λ_                           |                        | 1        |                               |                        |  |  |
| 1,13,14   |  |   |                   |                |                              |                                     |        |                   | OTAL                         | <b>]</b>               | OR<br>OR | TOTAL                         |                        |  |  |
|   | Fe comps 4                                     |   |                   |                |                              |                                     |        |                   |                              | ADDIT FEE OH ADDIT FEE |          |                               |                        |  |  |
| 8   | *  | (Column 1) CLAIMS REMAINING AFTER AMENDMENT |                   | HIG<br>NUI     | HEST<br>MBER                 | PRESENT                             |        |                   |                              | ADDI-                  |          | RATE                          | ADDI-<br>TIONAL        |  |  |
| AMENDMENT   |  |   |                   | . ,            | OUSLY<br>FOR                 |                                     |        | RAT               | 15                           |                        |          |                               | FEE                    |  |  |
|   | Total  | . 14  | Minus             | -6             | 0                            | =0                                  |        | X\$               | 9=                           |                        | OR       | X\$18=                        |                        |  |  |
| AME   | Independent                                    | · 3   | Minus             | ank            | 3_                           | 1-0                                 | 1      | X4                | 2=                           |                        | OR       | X84=                          |                        |  |  |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                   |                |                              |                                     |        |                   | 10=                          |                        | OR       | +280=                         |                        |  |  |
|   | 1, 13,14                                       |   |                   |                |                              |                                     |        |                   | OTAL<br>FEE                  |                        | OR       | TOTAL                         |                        |  |  |
|   |  |   |                   |                |                              |                                     |        |                   |                              |                        | <b>_</b> | ADDIT. FEE                    |                        |  |  |
|   |  | (Column 1) CLAIMS                           |                   | HIG            | HEST                         | 1                                   | 7      |                   |                              | ADDI-                  | 1        |                               | ADDI-                  |  |  |
| ENTC  |  | REMAINING<br>AFTER<br>AMENDMENT             |                   | PREV           | MBER<br>MOUSLY<br>D FOR      | PRESENT<br>EXTRA                    |        | RATE              |                              | TIONAL<br>FEE          |          | RATE                          | TIONAL<br>FEE          |  |  |
| Š   | Total  | *   | Minus             | **             |                              | =                                   |        | X\$               | 9=                           |                        | OR       | X\$18=                        |                        |  |  |
| AMENDMENT   | Independent                                    | •   | Minus             | ***            |                              | =                                   |        | X4                | 2=                           | 1                      | ОЯ       | X84=                          |                        |  |  |
| L   | FIRST PRES                                     | ENTATION OF N                               | IULTIPLE DE       | PENDE          | NT CLAIN                     |                                     |        | 1                 | _                            |                        | 1        |                               |                        |  |  |
| * If the entry in column 1 is less than the entry in column 2 write "I" in column 3     |  |   |                   |                |                              |                                     |        |                   |                              |                        |          |                               |                        |  |  |
| -   | If the "Highest No<br>"If the "Highest N       | umber Previously I                          | Paid For IN TH    | IS SPACE       | E is less th<br>E is less th | an 20, enter "2<br>Ian 3, enter "3. | .•     | ADDI              | r. FEE                       |                        | JOR      | ADDIT. FEE                    |                        |  |  |
|   | The 'Highest Nu                                | mber Previously P                           | aid For" (Total o | r Indepe       | ndent) is th                 | e highest nun                       | nber f | ni bauo           | the a                        | ppropriate b           | ox in c  | юштіл Т.                      |                        |  |  |